

*MoLab, Inc.'s* Camp Spark – Igniting Knowledge!

## Authorization to Pick Up Camper Form

Camper Name: \_\_\_\_\_

Camper Grade: \_\_\_\_\_

Name of Person Signing Form: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

**Names of persons authorized to pick up camper:**

Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to Camper: \_\_\_\_\_

I hereby certify that the above stated persons are authorized to pick up my child at the end of his or her camp session, or for any emergency that may arise if I cannot be contacted. I request that *MoLab, Inc.'s* staff follow standard first-aid procedures in the event of an accident or injury regarding my child. I understand that I will be notified if possible (or a designated contact person) if my child becomes ill during the day. If I cannot be contacted, *MoLab, Inc.* is to contact my physician listed on the registration form.

*MoLab, Inc.* and its officers, directors, employees, or agents shall be held harmless from and against any and all liability, loss, damage, claims, suits, fees, and expenses.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Mail to: MoLab, Inc. Camp Spark – Igniting Knowledge!  
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Tallahassee, FL 32303  
Email to: [aimee@tallymolab.org](mailto:aimee@tallymolab.org)*